

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577601

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			1			
4				1		
5				1		
6				1		
7				1		
8				1		
9				2		
10				2		
11				2		
12				2		
13				2		
14				2		
15				2		
16				2		
17				2		
18				2		
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35						
36				2		
37				2		
38				2		
39				2		
40				2		
41				2		
42				2		
43				2		
44			1			
45				1		
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
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97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	52	←		←
TOTAL CLAIMS			55			